

SERFF Tracking Number: MNLF-127324195 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336
 Company Tracking Number: MNLF-127324195
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Annuity Contract Application
 Project Name/Number: Pay to Play/

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: Group Annuity Contract Application SERFF Tr Num: MNLF-127324195 State: Arkansas

TOI: A02.1G Group Annuities - Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 49336

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: MNLF-127324195 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Nadia Petri, Vanessa

Ruszczky, Ashley Lambert

Date Submitted: 07/18/2011

Disposition Date: 07/21/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Pay to Play

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed - Pending Approval

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 07/21/2011

State Status Changed: 07/21/2011

Deemer Date:

Created By: Vanessa Ruszczyk

Submitted By: Vanessa Ruszczyk

Corresponding Filing Tracking Number:

Filing Description:

RE: John Hancock Life Insurance Company (U.S.A.)

GP1600(0711) – Group Annuity Contract Application

GP1602(0711) – Group Annuity Contract Application

Dear Madam/Sir:

SERFF Tracking Number: MNLF-127324195 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336
Company Tracking Number: MNLF-127324195
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Annuity Contract Application
Project Name/Number: Pay to Play/

We are submitting the above-mentioned forms for your approval.

- Form GP1600(AR)(0711) is similar to form GP1600(AR)(1108) which was accepted for use on December 18, 2008.
- Form GP1602(AR)(0711) is similar to form GP1602(AR)(0409) which was accepted for use on May 15, 2009.

We would like to begin using these forms upon approval.

The submitted applications forms have been reformatted and updated to clarify existing provisions and address the Securities and Exchanges Commission's new "Pay to Play" rules. For your convenience, we have underlined the new wording. We have also provided a "Forms Use Summary" which shows the forms that will be used with the above noted application. We certify that no other changes have been made. We certify that no other changes have been made.

THSES APPLICATIONS WILL BE USED ONLY WITH OUR UNALLOCATED NON-PARTICIPATING GROUP ANNUITY CONTRACTS SOLD TO TRUSTEES OF PROFIT SHARING AND PENSION PLANS QUALIFIED UNDER SECTION 401(a) OF THE INTERNAL REVENUE CODE AND TRUSTEED ELIGIBLE DEFERRED COMPENSATION PLANS OF STATE AND LOCAL GOVERNMENTS DESCRIBED IN SECTION 457(b) OF THE INTERNAL REVENUE CODE.

Please note, due to our internal contract issuance systems, formatting and/or pagination may be altered slightly on the issued forms.

These forms are being submitted to all states except New York.

Your consideration of this submission is appreciated, and we look forward to receiving the Department's approval. We will be submitting, via EFT, any applicable filing fee.

Regards,
Vanessa Ruszczyk, Contract Analyst
Contract Compliance - Retirement Plan Services
John Hancock Life Insurance Company (U.S.A.)
Tel: (416) 852 - 1156, Fax: (416) 852-1766
Vanessa_Ruszczyk@jhancock.com

Company and Contact

Filing Contact Information

SERFF Tracking Number: MNLF-127324195 State: Arkansas
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336
 Company Tracking Number: MNLF-127324195
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Annuity Contract Application
 Project Name/Number: Pay to Play/

Vanessa Ruszczyk, Contract Analyst vanessa_ruszczyk@jhancock.com
 200 Bloor St. E. 416-852-8126 [Phone]
 ET16-A14 416-852-7166 [FAX]
 Toronto, ON M4E 1E5

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
 (U.S.A.)
 200 Bloor Street East Group Code: -99 Company Type: Lead Company
 Toronto, ON M4W 1E5 Group Name: State ID Number:
 (800) 333-0963 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50/Application
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$100.00	07/18/2011	49868912

SERFF Tracking Number: MNLF-127324195 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336
Company Tracking Number: MNLF-127324195
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Annuity Contract Application
Project Name/Number: Pay to Play/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2011	07/21/2011

SERFF Tracking Number:	MNLFL-127324195	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company (U.S.A.)	State Tracking Number:	49336
Company Tracking Number:	MNLFL-127324195		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	Group Annuity Contract Application		
Project Name/Number:	Pay to Play/		

Disposition

Disposition Date: 07/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNLF-127324195 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336

Company Tracking Number: MNLF-127324195

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Contract Application

Project Name/Number: Pay to Play/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - Application Use Summary		Yes
Form	Group Annuity Contract Application		Yes
Form	Group Annuity Contract Application		Yes

SERFF Tracking Number: MNLF-127324195 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336

Company Tracking Number: MNLF-127324195

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Contract Application

Project Name/Number: Pay to Play/

Form Schedule

Lead Form Number: GP1600(0711)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GP1600(A R)(0711)	Application/ Group Annuity Enrollment Contract Application Form	Initial		0.000	GP1600(AR)(0711).pdf
	GP1602(A R)(0711)	Application/ Group Annuity Enrollment Contract Application Form	Initial		0.000	GP1602(AR)(0711)-457.pdf



Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available ONLY to Plans Qualified under Section 401(a) of the Internal Revenue Code

SECTION A - APPLICANT

1. Name	Plan Name The Trustees of			Plan
2. Trustee's Address	Street No. and Name		Suite No.	
	City	State	Zip Code	

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	Employer	
2. Employer's Address	Street No. and Name	Suite No.
	City	State

3. Type of Organization Sponsoring Plan:

☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Other

➤ If the above Organization is a government entity, please also select appropriate option below:

☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

4. Type of Qualified 401(a) Plan

<input type="checkbox"/> Profit Sharing / 401(k) Standard	<input type="checkbox"/> Profit Sharing / 401(k) SIMPLE	<input type="checkbox"/> Profit Sharing / Safe Harbor 401(k)
<input type="checkbox"/> Profit Sharing (excluding 401(k))	<input type="checkbox"/> Money Purchase	<input type="checkbox"/> Defined Benefit
<input type="checkbox"/> Other <input type="text"/>		

5. Are you using John Hancock Life Insurance Company (U.S.A.) Prototype Plan Document?

☐ Yes (complete the following)

IRS Serial Number

☐ Standardized

☐ Non-Standardized

☐ No (continue to Section D)

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions	\$ <input type="text"/>
2. Estimated amount of first year external transfer contributions	\$ <input type="text"/>
3. The external transfer contribution will be: (check one if applicable)	<input type="checkbox"/> Contributed in one lump sum at Contract inception
	<input type="checkbox"/> Contributed in installments <input type="text"/>

[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E – AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First Last	Title	Signature
Print Name – First Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the **John Hancock USA** Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is qualified under Section 401(a) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so qualified.

Signed at

City	State
------	-------

On

Day	Month	Year
-----	-------	------

On Behalf of Contractholder by

Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature

Witness

Print Name – First Last	Signature
----------------------------	-----------



Group Annuity Contract Application

John Hancock Life Insurance Company (U.S.A.)

A Stock Company

Available ONLY to Trusteed Eligible Deferred Compensation Plans of State and Local Governments described in Section 457(b) of the Internal Revenue Code.

SECTION A - APPLICANT

1. Name	<small>Plan Name</small> The Trustees of _____ Plan		
2. Trustee's Address	<small>Street No. and Name</small>		<small>Suite No.</small>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

SECTION B - CONTRACT EFFECTIVE DATE

Date on which the first contribution and allocation instructions are received by John Hancock Life Insurance Company (U.S.A.) (hereafter referred to as John Hancock USA).

SECTION C - PLAN INFORMATION

1. Name of Plan Sponsor	<small>Employer</small> _____	
2. Employer's Address	<small>Street No. and Name</small>	<small>Suite No.</small>
	<small>City</small>	<small>State</small> <small>Zip Code</small>

3. Type of Organization Sponsoring Plan:

- ☐ State ☐ Political Subdivision of a State, including a Municipality ☐ Agency or Instrumentality of a State or of a Political Subdivision of a State, including a Municipality

SECTION D - SPECIFICATIONS

1. Estimated Annual Recurring Contributions:	\$ _____
2. Estimated amount of first year external transfer contributions:	\$ _____
3. The external transfer contribution will be (if applicable):	
<input type="checkbox"/> Contributed in one lump sum at Contract inception	
<input type="checkbox"/> Contributed in installments	<small>Specify timing and amounts</small> _____

[01][NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SECTION E - AUTHORIZATION

The Trustee authorizes John Hancock USA to accept written financial and administrative direction from the persons specified below. The Trustee also authorizes John Hancock USA to provide Plan information to the persons specified below.

Print Name – First Last	Title	Signature
Print Name – First Last	Title	Signature

SECTION F - APPLICANT'S STATEMENT

I, the Trustee, apply for the [John Hancock USA](#) Group Annuity Contract and agree to accept the terms and conditions of the Contract. I understand that John Hancock USA is responsible for providing only the services set forth under this Contract. I also understand that John Hancock USA is not responsible for providing any other services in connection with the Plan and that no person or firm is authorized to act as an agent of John Hancock USA in providing such services.

I agree to furnish John Hancock USA with any Plan information or documents that John Hancock USA may require in order to provide the services set forth under the Contract and, if applicable, to determine if any investment option offered under the Plan is a Competing Investment Option. I certify that the Plan is a Trusteed Eligible Deferred Compensation Plan of State and Local Governments described in Section 457(b) of the Internal Revenue Code, and agree to notify John Hancock USA immediately if the Plan is no longer so eligible.

Signed at

City	State
------	-------

On

Day	Month	Year
-----	-------	------

On Behalf of Contractholder by

Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature
Print Name – First Last	Title Trustee	Signature

Witness

Print Name – First Last	Signature
----------------------------	-----------

SERFF Tracking Number: MNLF-127324195 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49336

Company Tracking Number: MNLF-127324195

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Group Annuity Contract Application

Project Name/Number: Pay to Play/

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
	Item Status:	Status Date:
Satisfied - Item: Application Comments: Please see Forms Schedule Tab		
	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A- Application Filing Only. Comments:		
	Item Status:	Status Date:
Satisfied - Item: AR - Application Use Summary Comments: Attachment: AR - Application Use Summary.pdf		

APPLICATION USE SUMMARY - ARKANSAS

The following application is intended for use with the forms listed below:

APPLICATION NAME

Group Annuity Contract Application
Group Annuity Contract Application

NEW FORM NUMBER

GP1600(AR)(0711)
GP1602(AR)(0711)

Approved Group Annuity Form Names and Form Numbers

<u>CONTRACT NAME</u>	<u>EFFECTIVE DATE</u>	<u>FORM NUMBERS</u>	<u>APPROVAL DATE</u>
ARA	March 21, 2011 September 7, 2009 December 31, 2007 August 6, 2007	GAC1000(ARA06)(0311) GAC1000(ARA06)(0909) GAC1000(ARA06G) GAC1000(ARA06)(0807)	November 30, 2010 May 15, 2009 October 5, 2007 May 17, 2007
457	March 21, 2011 September 7, 2009 December 31, 2007 December 31, 2007	GAC1100(457)(0311) GAC1100(457)(0909) GAC1100(457G) GAC1100(45707)	November 30, 2010 May 15, 2009 January 24, 2008 January 9, 2008
MONEY MANAGER	Effective November 1, 1996	GP2810(MM96)	September 18, 1996
OPTIMIX	Effective November 1, 1996	GP2820(OP96)	September 18, 1996
ULTRAFLEX	January 15, 2006	GAC1400(UF05)	October 31, 2005
OPTIMIX PLUS	Effective May 30, 1997	GP1832(OPPLUS97)	March 17, 1997
ULTRAFLEX PLUS	Effective July 1, 1998 Effective May 30, 1997	GP1844(UFPLUS98) GP1843(UFPLUS97)	May 18, 1998 March 17, 1997